



CDM FEDERAL PROGRAMS CORPORATION
a subsidiary of Camp Dresser & McKee Inc.
September 25, 1992

Elizabeth Van Rabenswaay
Regional Project Officer
U.S. Environmental Protection Agency
26 Federal Plaza
New York, New York 10278

PROJECT: TES V, EPA CONTRACT NO: 68-W9-0002
DOCUMENT NO: TES5-R02024-EP-CQJN
SUBJECT: EPA Work Assignment R02024
Letter Report Environmental Priority Initiative
Preliminary Assessment
Cellofilm Corporation, Wood Ridge, New Jersey
EPA ID Number: NJD001394303
Document Control No: TES5-R02024-LR-CQJP

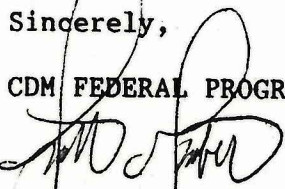
Dear Ms. Van Rabenswaay:

Please find enclosed the letter report entitled, "Environmental Priority Initiative Preliminary Assessment, Cellofilm Corporation, Wood Ridge, New Jersey", as partial fulfillment of the reporting requirements for this work assignment.

If you have any comments regarding this draft submittal, please contact Jeanne Litwin at (212) 393-9634 within two weeks from the date of this letter.

Sincerely,

CDM FEDERAL PROGRAMS CORPORATION


Scott B. Graber
TES V Regional Manager

Enclosure

cc: Tim Gordon, EPA Work Assignment Manager, RCRA Region II
Nancy Toy, EPA Contracting Officer (letter only)
Susan Flakus, CDM FEDERAL PROGRAMS CORPORATION
Jeanne Litwin, CDM FEDERAL PROGRAMS CORPORATION
Pamela Philip, CDM FEDERAL PROGRAMS CORPORATION
Document Control, CDM FEDERAL PROGRAMS CORPORATION (2 copies)
NYC File

LETTER REPORT

ENVIRONMENTAL PRIORITY INITIATIVE
PRELIMINARY ASSESSMENT
CELLOFILM CORPORATION, WOOD RIDGE, NEW JERSEY

Prepared for

U.S. ENVIRONMENTAL PROTECTION AGENCY
Office of Waste Programs Enforcement
Washington, D.C. 20460

EPA Work Assignment No.	: R02024
EPA Region	: II
Site No.	: NJD001394303
Contract No.	: 68-W9-0002
CDM FEDERAL PROGRAMS CORPORATION Document No.	: TES5-R02024-LR-CQJP
Prepared By	: CDM FEDERAL PROGRAMS CORPORATION
Work Assignment Project Manager	: Jeanne Litwin
Telephone Number	: (212) 393-9634
EPA Work Assignment Manager	: Tim Gordon
Telephone Number	: (212) 264-9538
Date Prepared	: September 25, 1992



CDM FEDERAL PROGRAMS CORPORATION
a subsidiary of Camp Dresser & McKee Inc.

September 25, 1992

Mr. Tim Gordon
U.S. Environmental Protection Agency
26 Federal Plaza
New York, New York 10278

PROJECT: TES V, EPA Contract No.: 68-W9-0002

SUBJECT: Cellofilm Corporation
Wood Ridge, New Jersey
EPA ID Number: NJD001394303
Environmental Priority Initiative
Preliminary Assessment
Work Assignment R02024

DOCUMENT CONTROL NO.: TES5-R02024-LR-CQJP

Dear Mr. Gordon:

CDM FEDERAL PROGRAMS CORPORATION (CDM Federal) was tasked to perform an Environmental Priority Initiative (EPI) preliminary assessment (PA) for the Cellofilm Corporation (Cellofilm) site in Wood Ridge, New Jersey. After several unsuccessful attempts to gain access to the site, CDM Federal was instructed by EPA to perform a windshield survey of the site. This letter report details the results of CDM Federal's windshield survey and reviews all available site information.

Site History

The site is located at 241 Union Avenue in Wood Ridge, New Jersey. During its years of operation, Cellofilm manufactured base lacquers and industrial finishes for the coatings industry (ref. 2). In 1989, the Reliance company bought the Cellofilm operations and closed down the Wood Ridge site (ref. 5).

Regulatory History

In August and November 1980, vice-presidents of Cellofilm signed RCRA Part A "Notification of Hazardous Waste Activity" and "Hazardous Waste Permit Application" forms for submittal to EPA. The forms indicated that hazardous waste was generated, treated, stored, and disposed (TSD) at the site.

On July 7, 1982, legal representatives of Cellofilm submitted RCRA Part A applications for refiling as generators only of hazardous waste. They determined that the facility was not a TSD facility, nor did the facility transport hazardous waste (ref. 2).

Cellofilm received a notice of "Failure to Submit Annual Report" regarding the TSD facility status from the EPA to which they responded. On March 3, 1983, the EPA Bureau of Hazardous Waste Engineering issued a letter covering EPA's review of the Cellofilm response to the notice of violation. EPA determined that Cellofilm's hazardous waste facility was excluded from regulations under N.J.A.C. 7:26-1.1 et seq. as the facility accumulated hazardous waste for less than 90 days. The facility was classified as a generator only of hazardous waste provided that it comply with the regulations in N.J.A.C. 7:26-1.1 et seq. The letter also served as notice that the Cellofilm facility was no longer included on the New Jersey Department of Environmental Protection and Energy (NJDEPE) list of "existing facilities" and would therefore no longer be required to submit the TSD facility annual report (ref. 4).

Current Conditions

On August 6, 1992, CDM Federal performed a windshield survey of the former Cellofilm facility. The site is fenced and locked with a sign stating that trespassers will be prosecuted. Monitoring wells were visible on the site. The site is overgrown with vegetation. No structures (as indicated in the 1983 report) were visible onsite. According to a resident of the area, the site has been closed for ten years. He stated that there had been sampling of monitoring wells conducted periodically both onsite and in the surrounding residential area. He also stated that soil had been excavated from the site. The photograph log from the CDM Federal windshield survey is provided as an attachment.

Evidence of Release

No evidence of release was noted at the time of the windshield survey.

Potential Receptors

The site is in a residential area. According to a resident of the area, the property formerly occupied by the Cellofilm facility is up for sale to be used for residential dwellings.

Summary of Existing Facility Reports/References

1. EPA, RCRA Part A permit forms ("Notification of Hazardous Waste Activity" and "Hazardous Waste Permit Application"), signed August and November 1980 by Cellofilm vice-presidents.
2. EPA, RCRA Part A permit forms ("Notification of Hazardous Waste Activity" and "Hazardous Waste Permit Application"), signed July 1982 by Cellofilm vice-president.
3. EPA, "RCRA Transporter Inspection Checklist", stamped February 1981 (not signed or dated by the inspector).
4. EPA, facility operating status letter, March 3, 1983.
5. CDM Federal Record of Communication, statements by owner of Industrial Finish Products, July 1992.

CDM FEDERAL PROGRAMS CORPORATION
a subsidiary of Camp Dresser & McKee Inc.

If you have any questions or comments regarding this facility, please feel free to call me at (212) 393-9634.

Sincerely,

CDM FEDERAL PROGRAMS CORPORATION

J. Litwin

Jeanne Litwin

Work Assignment Manager



Photo 1: Former location of Cellofilm Corporation.

Time: 09:00



Photo 2: Former location of Cellofilm Corporation.

Time: 09:00

CDM FEDERAL PROGRAMS CORPORATION
ENVIRONMENTAL PRIORITIES INITIATIVE
CELLOFILM CORPORATION
WOODRIDGE, NEW JERSEY

Photograph Log

August 6, 1992



Photo 3: Former location of Cellofilm Corporation.

Time: 09:00



Photo 4: Former location of Cellofilm Corporation.

Time: 09:00

CDM FEDERAL PROGRAMS CORPORATION
 ENVIRONMENTAL PRIORITIES INITIATIVE
 CELLOFILM CORPORATION
 WOODRIDGE, NEW JERSEY

Photograph Log

August 6, 1992

CELLOFILM



C O R P O R A T I O N

241 UNION AVENUE • WOOD-RIDGE, NEW JERSEY 07075 • (201) 438-7100 • N.Y. (212) 564-2063

October 15, 1980

United States Environmental Protection Agency
Region II, Room 302, Information Center
26 Federal Plaza
New York, New York
10278

Dear Sir:

In regards to your enclosed letter dated October 3rd,
please be advised that we have submitted notification
under Section 3010 of R.C.R.A. (copies enclosed)

You will notice that the address on your October 3rd
is incorrect as this is the address of our parent company
and they do not have responsibility in this matter.

Please change your records to send all future correspondence
to:

Cellofilm Corporation
241 Union Avenue
Wood-Ridge, N.J.
07075

Attention: Mr. Robert Rossomando
Vice President

RR/mb
encls.

Very truly yours,

CELLOFILM CORPORATION

Robert Rossomando
Vice President

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

I. INSTALLATION'S EPA I.D. NO.

II. NAME OF INSTALLATION

III. INSTALLATION MAILING ADDRESS

IV. LOCATION OF INSTALLATION

PLEASE PLACE LABEL IN THIS SPACE

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER

APPROVED

DATE RECEIVED
(yr., mo., & day)

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

CITY OR TOWN

ST.

ZIP CODE

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

CITY OR TOWN

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

PHONE NO. (area code & no.)

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

B. TYPE OF OWNERSHIP
(enter the appropriate letter into box)F - FEDERAL
M - NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete Item VII)☒ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your installation's EPA I.D. Number in the space provided below.

☒ A. FIRST NOTIFICATION☐ B. SUBSEQUENT NOTIFICATION (complete Item C)

C. INSTALLATION'S EPA I.D. NO.

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY									
W									
1	2	3	4	5	6	7	8	9	10

K. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 3	2 F 0 0 5	3	4	5	6
7	8	9	10	11	12

HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K 0 7 8	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 0 2	32 U 0 3 1	33 U 1 0 7	34 U 1 1 2	35 U 1 4 0	36 U 1 5 4
37 U 1 5 9	38 U 1 6 1	39 U 2 2 0	40 U 2 3 9	41 U 0 6 9	42
43	44	45	46	47	48

LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

L. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

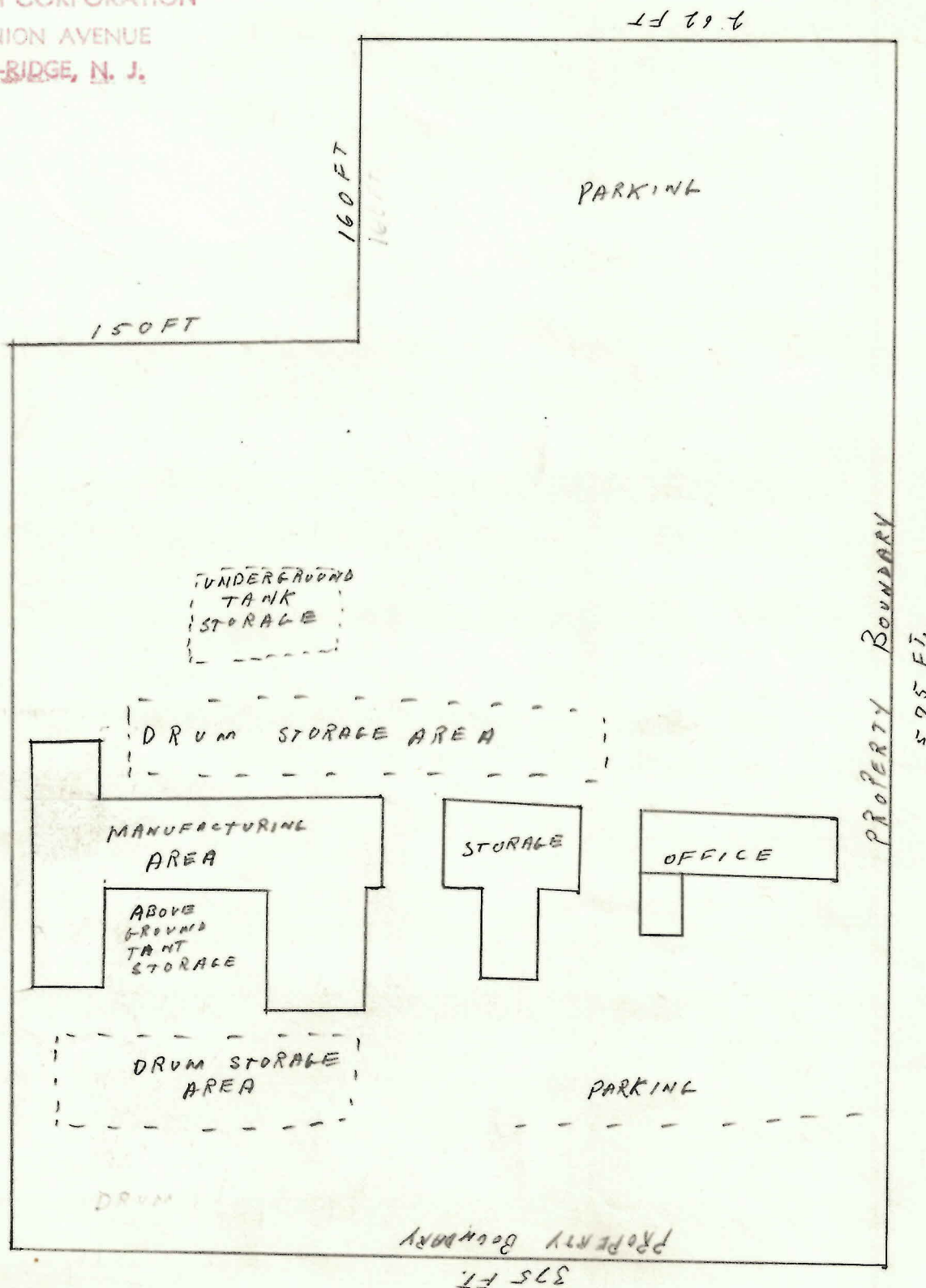
SIGNATURE R.R.	NAME & OFFICIAL TITLE (type or print) Robert Rossomando Vice President	DATE SIGNED 8/11/80
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V. FACILITY DRAWING (see page 4)

CELLOFILM CORPORATION

241 UNION AVENUE

WOOD-RIDGE, N. J.



SCALE: 1 MM = 2.7 FT

PS Form 3811, April 1978

● SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
☒ Show to whom and date delivered. _____
☐ Show to whom, date, and address of delivery. _____
☐ RESTRICTED DELIVERY
Show to whom and date delivered. _____
☐ RESTRICTED DELIVERY.
Show to whom, date, and address of delivery. \$ _____
(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
EPA 11
Information Service Center
26 Federal Plaza, N.Y.N.Y. 10007

3. ARTICLE DESCRIPTION:
REGISTERED NO. CERTIFIED NO. INSURED NO.
P14361148

(Always obtain signature of addressee or agent.)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent
L M Figueroa

4. DATE OF DELIVERY
8/12/80

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

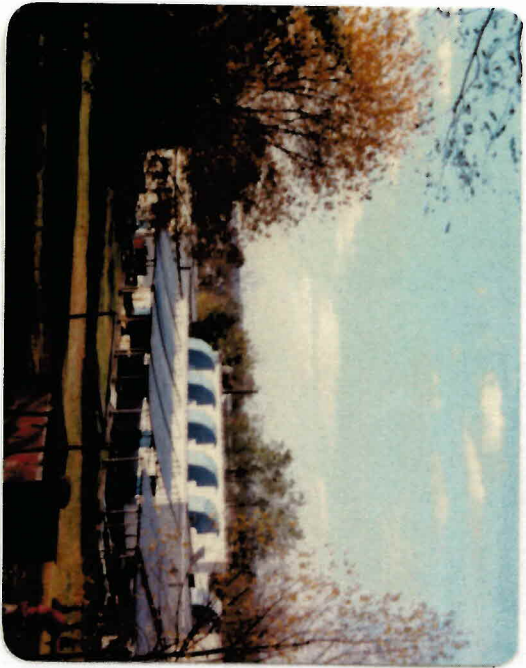
NEW YORK, NY
AUG 1980

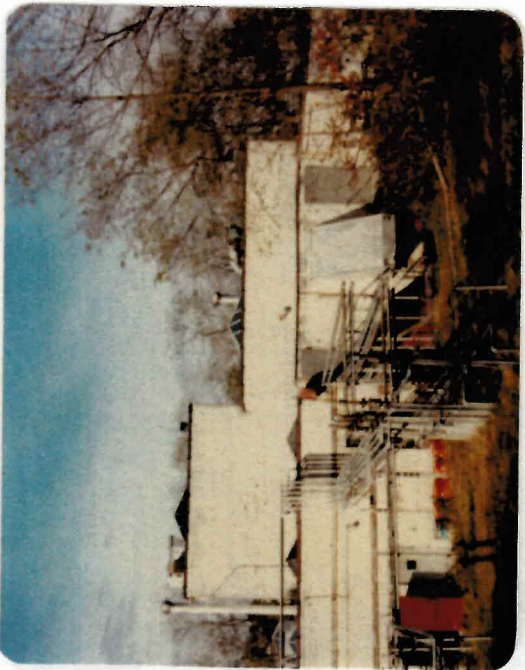
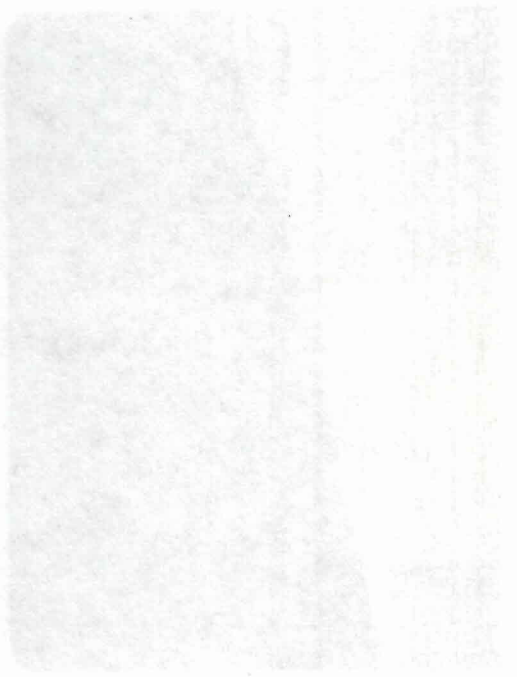
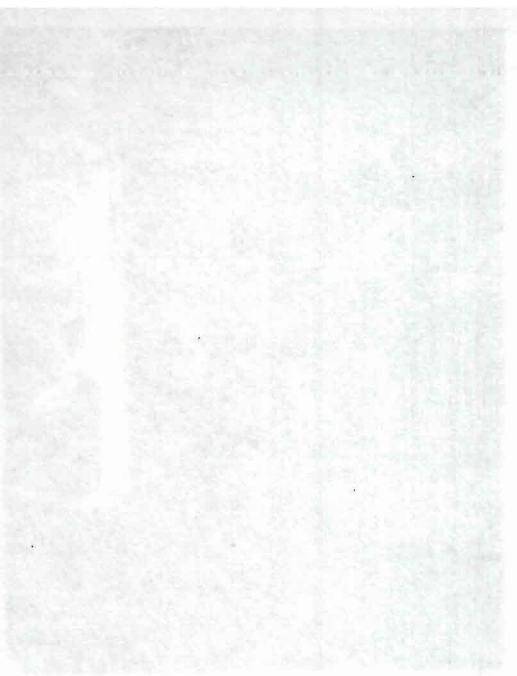
RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL



CELLIFILM COPPI
241 UNION AVE.
WOOD-RIDGE N.J.
SCALE 1:24000













State of New Jersey

DEPARTMENT OF ENVIRONMENTAL PROTECTION

DIVISION OF WASTE MANAGEMENT

32 E. Hanover St., CN 027, Trenton, N.J. 08625

JACK STANTON
DIRECTOR

03 MAR 1983

LINO F. PEREIRA
DEPUTY DIRECTOR

Robert Rossomando
Cellofilm Corp
241 Union Ave
Wood-Ridge, NJ 07075

RE: Facility Operating Status

Dear Sir:

gh
HWOMs
3/10/83

The Bureau of Hazardous Waste Engineering has reviewed your company's response to the Notice of Violation, Failure to Submit Annual Report. The Bureau finds that the response contains adequate information to determine the operating status of this facility with respect to N.J.A.C. 7:26-1 et seq., the New Jersey Hazardous Waste Management Regulations. The Bureau has determined that the company's hazardous waste treatment, storage or disposal facility as delineated in the company's RCRA Part A application and identified by the following EPA ID Number:

EPA ID NO. NJD001394303

has been excluded from regulations under N.J.A.C. 7:26-1.1 et seq. because your facility accumulates hazardous waste on-site for less than 90 days. This exclusion classifies your facility solely as a generator provided the following conditions are complied with:

1. All such waste is, within 90 days or less, shipped off-site to an authorized facility or placed in an on-site authorized facility, as defined at N.J.A.C. 7:26-1.4.
2. The waste is placed in containers which meet the standards of N.J.A.C. 7:26-7.2 and are managed in accordance with N.J.A.C. 7:26-9.4(d).
3. The date upon which each period of accumulation begins is clearly marked and visible for inspection on each container.
4. The generator complies with the requirements for owners and operators of N.J.A.C. 7:26-9.6 and 9.7 concerning preparedness and prevention, contingency plans and emergency procedures as well as N.J.A.C. 7:26-9.4(g) concerning personnel training.

New Jersey Is An Equal Opportunity Employer

5. For bulk accumulation of dry hazardous waste materials, the waste pile is managed according to the following:
- (i) The waste pile is no larger than 200 cubic yards; and
 - (ii) The pile shall be placed on an impermeable base that is compatible with the waste; and
 - (iii) Run-on shall be diverted away from the pile; and
 - (iv) Any leachate and run-off from the pile must be collected and managed as a hazardous waste.

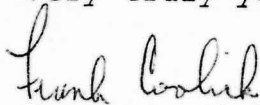
This written acknowledgement of the exclusion of the above identified facility from N.J.A.C. 7:26-1 et seq. is based expressly on the review of the aforementioned correspondence. This letter makes no claim as to the extent and physical condition of the actual hazardous waste activities occurring at the site mentioned above.

Your company's hazardous waste facility above is no longer included in DEP's list of "existing facilities" (see N.J.A.C. 7:26-1.4 and 12.3) and therefore does not need to conform with the interim operating requirements of N.J.A.C. 7:26-1 et seq. for "existing facilities" which would include the TSD facility annual report. It is the company's responsibility to operate within the conditions listed above. To operate a hazardous waste facility without prior approval from the DEP is a violation of the Solid Waste Management Act N.J.S.A. 13:1E-1 et seq.

As a result of the conclusions previously made, the Notice of Violation entitled "Failure to Submit Annual Report" signed by Mr. David Shotwell is rescinded and need not be complied with.

If you have any questions on this matter, please call my office at (609) 292-9880.

Very truly yours,



Frank Coolick, Chief
Bureau of Hazardous Waste Engineering

FC:jb

cc Dave Shotwell
NJDEP, Division of Waste Management

Tom Taccone
USEPA, Region II

STRAUBING & RUBIN
CONSULTING ENGINEERS

6 SOUTH ORANGE AVENUE
SOUTH ORANGE, N. J. 07079

(201) 762-5950
TELEX NO. 138196

July 7, 1982

Dr. Richard Baker
Permits Administration Branch
Room 432
U.S. Environmental Protection Agency
26 Federal Plaza
New York, New York 10007

- Re: 1. Cellofilm Corporation, Newark, New Jersey
EPA Id. Nbr. NJD000813451
2. Cellofilm Corporation, Wood-Ridge, New Jersey
EPA Id. Nbr. NJD001394303

Our Project No. C-1688

Dear Dr. Baker:

Attached are refilings of EPA Form 8700-12 (6-80) and EPA Form 3510-1 (6-80) for our client, Cellofilm Corporation. These forms apply to their facilities located at 45-5 Cornelia Street, Newark, New Jersey, and 241 Union Avenue, Wood-Ridge, New Jersey. In essence, these two facilities are refiling as only generators of hazardous waste. After further review of Cellofilm's operations, it was determined that neither facility is a T/S/D facility, nor do they transport hazardous waste as was stated on the original applications.

If there are any questions regarding the above, please contact the undersigned.

Very truly yours,

STRAUBING & RUBIN

Kenneth C Friis
Kenneth C. Friis

KCF:bmc

Attachments:

cc: Mr. S. Eysmann
Mr. P. Sullivan
Mr. R. Rossomando

Delite
TSD
Category

ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

JUL 7 4 59 PM '82

U.S. ENVIRONMENTAL PROTECTION AGENCY
NOTIFICATION OF HAZARDOUS WASTE ACTIVITY

INSTALLATION'S EPA I.D. NO.

I. NAME OF INSTALLATION

II. INSTALLATION MAILING ADDRESS

PLEASE PLACE LABEL IN THIS SPACE

III. LOCATION OF INSTALLATION

INSTRUCTIONS: If you received a preprinted label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprinted label, complete all items. "Installation" means a single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

FOR OFFICIAL USE ONLY

COMMENTS

INSTALLATION'S EPA I.D. NUMBER															APPROVED		DATE RECEIVED (yr., mo., & day)	
F															T/A C		1	
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15															16		17 18 19 20 21 22	

I. NAME OF INSTALLATION

C E L L O F I L M C O R P O R A T I O N

II. INSTALLATION MAILING ADDRESS

STREET OR P.O. BOX

3 2 4 1 U N I O N A V E N U E

CITY OR TOWN

4 W O O D - R I D G E

ST.

N J

ZIP CODE

0 7 0 7 5

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER

5 S A M E A S A B O V E

CITY OR TOWN

6

ST.

ZIP CODE

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)

2 R O S S O M A N D O , R O B E R T V I C E P R E S

PHONE NO. (area code & no.)

2 0 1 - 4 3 8 - 7 1 0 0

V. OWNERSHIP

A. NAME OF INSTALLATION'S LEGAL OWNER

8 C E L L O F I L M C O R P O R A T I O N

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)

F = FEDERAL
M = NON-FEDERAL

M

VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))

☒ A. GENERATION☐ B. TRANSPORTATION (complete item VII)☐ C. TREAT/STORE/DISPOSE☐ D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

☐ A. AIR☐ B. RAIL☐ C. HIGHWAY☐ D. WATER☐ E. OTHER (specify):

VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.

N J D 0 0 1 3 9 4 3 0 3

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY															
3															T/A/C
W															1
1	2												13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 3 23 - 26	2 F 0 0 5 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K 0 7 8 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 0 2 23 - 26	32 U 0 3 1 23 - 26	33 U 1 0 7 23 - 26	34 U 1 1 2 23 - 26	35 U 1 4 0 23 - 26	36 U 1 5 4 23 - 26
37 U 1 5 9 23 - 26	38 U 1 6 1 23 - 26	39 U 2 2 0 23 - 26	40 U 2 3 9 23 - 26	41 U 0 6 9 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.


49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

<input checked="" type="checkbox"/> 1. IGNITABLE (D001)	<input type="checkbox"/> 2. CORROSIVE (D002)	<input type="checkbox"/> 3. REACTIVE (D003)	<input type="checkbox"/> 4. TOXIC (D000)
--	---	--	---

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE 	NAME & OFFICIAL TITLE (type or print) ROBERT ROSSOMANDO VICE PRESIDENT	DATE SIGNED 7/7/82
---	--	-----------------------

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION <i>Consolidated Permits Program</i> <i>(Read the "General Instructions" before starting.)</i>		I. EPA I.D. NUMBER	
<div style="border: 1px solid black; padding: 5px;">LABEL ITEMS I. EPA I.D. NUMBER III. FACILITY NAME V. FACILITY MAILING ADDRESS VI. FACILITY LOCATION</div>		PLEASE PLACE LABEL IN THIS SPACE		<div style="border: 1px solid black; padding: 2px;">F N J D O 0 1 3 9 4 3 0 3</div>	
				GENERAL INSTRUCTIONS	
				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete Items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
		YES	NO	FORM ATTACHED	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)			X		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)
		16	17	18	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)			X		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)
		22	23	24	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)			X		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)
		28	29	30	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)			X		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)
		34	35	36	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)			X		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)
		40	41	42	
III. NAME OF FACILITY					
1 SKIP C E L L O F I L M C O R P O R A T I O N					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title) B. PHONE (area code & no.)					
2 R O S S O M A N D O , R O B E R T V I C E P R E S 2 0 1 4 3 8 7 1 0 0					
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX B. CITY OR TOWN C. STATE D. ZIP CODE					
3 2 4 1 U N I O N A V E N U E W O O D - R I D G E N J 0 7 0 7 5					
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER B. COUNTY NAME C. CITY OR TOWN D. STATE E. ZIP CODE F. COUNTY CODE (if known)					
5 S A M E A S A B O V E B E R G E N W O O D - R I D G E N J 0 7 0 7 5					

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	2	8	5	1	(specify)	PAINTS AND VARNISH					7					(specify)			
C. THIRD										D. FOURTH									
7					(specify)						7					(specify)			

VIII. OPERATOR INFORMATION

A. NAME																									B. Is the name listed in item VIII-A also the owner?				
8	C	E	L	L	O	F	I	L	M	C	O	R	P	O	R	A	T	I	O	N						<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			
C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																									D. PHONE (area code & no.)				
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)					2 0 1 4 3 8 7 1 0 0				
E. STREET OR P.O. BOX																													
2 4 1 U N I O N A V E N U E																													
F. CITY OR TOWN																													
B W O O D - R I D G E																													
G. STATE										H. ZIP CODE										IX. INDIAN LAND									
N J										0 7 0 7 5										Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9	N														9	P													
B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9	U														9														(specify)
C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9	R														9														(specify)

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

XII. NATURE OF BUSINESS (provide a brief description)

MANUFACTURING BASE LACQUERS AND INDUSTRIAL FINISHES FOR THE COATINGS INDUSTRY.

XIII. CERTIFICATION (see instructions)

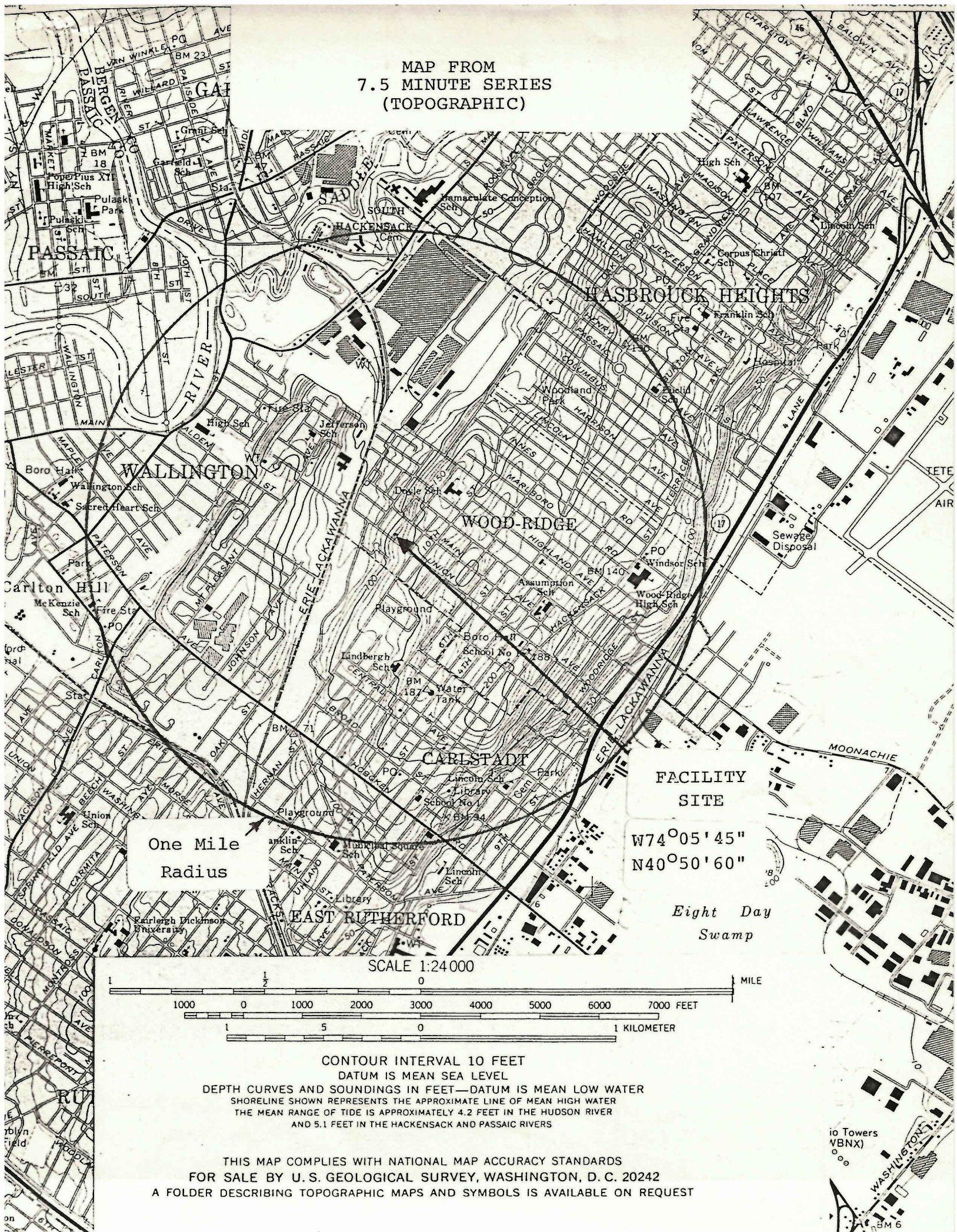
I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)															B. SIGNATURE															C. DATE SIGNED									
ROBERT ROSSOMANDO VICE PRESIDNET															<i>Robert Rossomando</i>															7/7/82									

COMMENTS FOR OFFICIAL USE ONLY

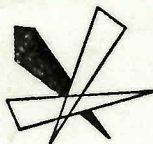
--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

MAP FROM
7.5 MINUTE SERIES
(TOPOGRAPHIC)



NJD 001394303

and manifest for manifest forms



CELLOFILM
CORPORATION

3M
Instructions

ENVIRONMENTAL PROTECTION AGENCY

Does company have to send
in yearly summary?

INSPECTION CHECKLIST

RAYMOND WATYCHOWICZ
PLANT SUPERINTENDENT

241 UNION AVENUE
WOOD-RIDGE, NEW JERSEY

204 Yacht Room C

2RP

EPA I.D. #: NSD001394303

Generator's Address: 241 Union Ave Wood-Ridge

Contact: Robert Rossman
V.P.

RAYMOND WATYCHOWICZ
PLANT SUPT

YES

NO

1. Does generator have an EPA I.D. number? (X) ()
2. Does generator store material on-site? UNTIL FULL TRUCK (X) ()
3. Is waste accumulated for more than 90 days? (X) ()
4. Does generator manifest waste? (X) ()
5. Does manifest show following information: *all from*
 - a. Name, address, I.D. of generator () ()
 - b. Name, address, I.D. of transporter () ()
 - c. Name, address, I.D. of designated facility () ()
 - d. Name, of alternative facility *presumed* () (X)
 - e. DOT waste description () ()
 - f. Quantity of waste-volume, weight, number of containers *3-4/week 55 gal 1 shipment/2-3 month* () ()
 - g. Signed certification statement () ()
6. Does generator maintain manifest records? (X) ()

7. General Comments:

USED HATE FOR ALL WASTE MAT'L

ARE RE-MANIFESTED AT MY OFFICE SOMETIMES

SOLID FLAMMABLE

FEB 12 11 07 AM '81
ENVIRONMENTAL PROTECTION
AGENCY
NEW YORK, N.Y. 10007

Inspected By: _____

Date: _____



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

RCRA TRANSPORTER INSPECTION CHECKLIST

Transporter Name: _____

EPA I.D.: _____

Transporter Address: _____

Driver: _____

- | | <u>Yes</u> | <u>No</u> |
|---|------------|-----------|
| 1. Does the transporter have an EPA I.D. number? | (✓) | () |
| 2. Is the transporter carrying hazardous waste? | (✓) | () |
| 3. Does the transporter have a manifest? | (✓) | () |
| 4. Does the manifest show the following information: | | |
| a. Name, address, I.D. of generator | () | () |
| b. Name, address, I.D. of transporter | () | () |
| c. Name, address, I.D. of designated facility | () | () |
| d. Name of alternative facility | () | () |
| e. DOT waste description | () | () |
| f. Quantity of waste-volume, weight, number of containers | () | () |
| g. Signed certification statement | () | () |
| 5. Does the manifest information confirm vehicle load? | () | () |
| 6. Is the vehicle placarded for hazardous waste? | () | () |
| 7. General comments: | | |

FILED FOR TRANSPORTER PERMIT ONLY IF TRANSPORTING WASTE FROM
PLANT TO PLANT FOR FINAL DISPOSAL

Inspected by: _____

Date: _____



UNITED STATES ENVIRONMENTAL PROTECTION AGENCY

RCRA TSD FACILITY INSPECTION CHECKLIST

Company's Name: _____

EPA I.D. #: _____

Company's Address: _____

Contact: _____

- | | <u>YES</u> | <u>NO</u> |
|--|------------|-----------|
| 1. Does the facility have an EPA I.D. number? | (✓) | () |
| 2. In what capacity does the facility handle hazardous waste? Circle all appropriate | (✓) | () |

Storer

Treater

Disposer

Pile

Drums

Surface Tanks

Subsurface Tanks

Surface Impoundments

Other _____

Filtration

Incineration

Thermal

Chemical

Biological

Other _____

Landfill

Land Treatment

Incineration

Surface Impoundment

Other _____

- | | | |
|---|-----|-----|
| 3. Does the facility generate hazardous waste? | (✓) | () |
| 4. Does the facility transport hazardous waste? | () | (✓) |
| 5. Does the facility comply with the following | (X) | () |
| a. Adequate Security | () | () |

Comments: _____

2 hrs / week inspection
no smoking sign

b. Contingency Plan and Emergency Procedures

Comments: _____

(X) ()

c. Inspection Plan

Comments: _____

(X) ()

d. Personnel Training

Comments: _____

fire drills, safety drills

(X) ()

nitrocellulose - tissue bone

e. Waste Analysis Plan

Comments:

liquid tissue bone () ()
representative sample of A&T

f. Preparedness and Prevention Plans

Comments:

() ()

6. Has the facility filed a part A permit application? () ()

7. Does the facility maintain manifest records? () ()

8. Does the facility have other environmental permits? () ()

a. NPDES () ()

b. Air () ()

c. State () ()

--identify *AIR POLLUTION - VENTILATION FANS*

d. Other () ()

--identify *LOCAL FIRE DEPT.*

9. Identify hazardous wastes handled and method for handling

acetone, butanol, ethanol, M&K, methanol, pyridine, toluene

spills, waste 10095, 10099

1. add storage

are not to atmosphere

10. General Comments

Inspected by: _____

Date: _____

DATE RETURNED _____

REASON _____



ACKNOWLEDGEMENT SENT

Complete

INTERNAL CHECKLIST

ID # NJD 00394303

1. Interim Regulatory Requirements

A. (1) FORM 1 MISSING

☐

(2) FORM 3 MISSING

☐

B. POSTMARK after NOVEMBER 19, 1980

☐

Valid ☐

C. (1) DATE of OPERATION MISSING

☐

(2) DATE of OPERATION after NOVEMBER 19, 1980

☐

(1) NON-ACQUAINTANCE

☐

D. (2) NOTIFIED after AUGUST 18, 1980

☐

Valid ☐

E. (1) FORM 1, VIII B SIGNATURE MISSING

☐

(2) FORM 3, IX B SIGNATURE MISSING

☐

2. { A. HANDLER

☐

B. NONREGULATED

☐

C. UNSURE

☐

D. UNKNOWN FACILITY

☐

(missing name and address on Form 3)

E. NEW FACILITY > NOV. 19, 1980

☐

F. CORE ITEM(S) MISSING

☐

G. NON-CORE ITEM(S) MISSING

☐

H. OTHER

☐

MISSING :

MAP ☐

DRAWING ☐

PHOTO ☐

AOK

FORM 1 GENERAL		U.S. ENVIRONMENTAL PROTECTION AGENCY GENERAL INFORMATION Consolidated Permits Program (Read the "General Instructions" before starting.)		I. EPA I.D. NUMBER	
I. EPA I.D. NUMBER		III. FACILITY NAME		V. FACILITY MAILING ADDRESS	
VI. FACILITY LOCATION		PLEASE PLACE LABEL IN THIS SPACE		GENERAL INSTRUCTIONS	
				If a preprinted label has been provided, affix it in the designated space. Review the information carefully; if any of it is incorrect, cross through it and enter the correct data in the appropriate fill-in area below. Also, if any of the preprinted data is absent (the area to the left of the label space lists the information that should appear), please provide it in the proper fill-in area(s) below. If the label is complete and correct, you need not complete items I, III, V, and VI (except VI-B which must be completed regardless). Complete all items if no label has been provided. Refer to the instructions for detailed item descriptions and for the legal authorizations under which this data is collected.	
II. POLLUTANT CHARACTERISTICS					
INSTRUCTIONS: Complete A through J to determine whether you need to submit any permit application forms to the EPA. If you answer "yes" to any questions, you must submit this form and the supplemental form listed in the parenthesis following the question. Mark "X" in the box in the third column if the supplemental form is attached. If you answer "no" to each question, you need not submit any of these forms. You may answer "no" if your activity is excluded from permit requirements; see Section C of the instructions. See also, Section D of the instructions for definitions of bold-faced terms.					
SPECIFIC QUESTIONS		MARK 'X'		SPECIFIC QUESTIONS	
A. Is this facility a publicly owned treatment works which results in a discharge to waters of the U.S.? (FORM 2A)		YES NO FORM ATTACHED		B. Does or will this facility (either existing or proposed) include a concentrated animal feeding operation or aquatic animal production facility which results in a discharge to waters of the U.S.? (FORM 2B)	
C. Is this a facility which currently results in discharges to waters of the U.S. other than those described in A or B above? (FORM 2C)		YES NO FORM ATTACHED		D. Is this a proposed facility (other than those described in A or B above) which will result in a discharge to waters of the U.S.? (FORM 2D)	
E. Does or will this facility treat, store, or dispose of hazardous wastes? (FORM 3)		YES NO FORM ATTACHED		F. Do you or will you inject at this facility industrial or municipal effluent below the lowermost stratum containing, within one quarter mile of the well bore, underground sources of drinking water? (FORM 4)	
G. Do you or will you inject at this facility any produced water or other fluids which are brought to the surface in connection with conventional oil or natural gas production, inject fluids used for enhanced recovery of oil or natural gas, or inject fluids for storage of liquid hydrocarbons? (FORM 4)		YES NO FORM ATTACHED		H. Do you or will you inject at this facility fluids for special processes such as mining of sulfur by the Frasch process, solution mining of minerals, in situ combustion of fossil fuel, or recovery of geothermal energy? (FORM 4)	
I. Is this facility a proposed stationary source which is one of the 28 industrial categories listed in the instructions and which will potentially emit 100 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)		YES NO FORM ATTACHED		J. Is this facility a proposed stationary source which is NOT one of the 28 industrial categories listed in the instructions and which will potentially emit 250 tons per year of any air pollutant regulated under the Clean Air Act and may affect or be located in an attainment area? (FORM 5)	
III. NAME OF FACILITY					
1 SKIP CELLOFILM CORPORATION					
IV. FACILITY CONTACT					
A. NAME & TITLE (last, first, & title)			B. PHONE (area code & no.)		
2 ROSSOMANDO ROBERT VICE PRES.			201 438 7100		
V. FACILITY MAILING ADDRESS					
A. STREET OR P.O. BOX					
3 241 Union Ave					
B. CITY OR TOWN				C. STATE	D. ZIP CODE
4 Wood-Ridge				NJ	07075
VI. FACILITY LOCATION					
A. STREET, ROUTE NO. OR OTHER SPECIFIC IDENTIFIER					
5 241 Union Avenue					
B. COUNTY NAME					
Bergen					
C. CITY OR TOWN				D. STATE	E. ZIP CODE
6 Wood-Ridge				NJ	07075
F. COUNTY CODE (if known)					

CONTINUED FROM THE FRONT

VII. SIC CODES (4-digit, in order of priority)

A. FIRST										B. SECOND									
7	2	8	5	1	(specify)					7	(specify)								
Paints and Varnish																			

C. THIRD										D. FOURTH									
7	(specify)									7	(specify)								

VIII. OPERATOR INFORMATION

A. NAME																																																		B. Is the name listed in Item VIII-A also the owner?									
CELLOFILM CORPORATION																																																		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO									

C. STATUS OF OPERATOR (Enter the appropriate letter into the answer box; if "Other", specify.)																														D. PHONE (area code & no.)																			
F = FEDERAL S = STATE P = PRIVATE										M = PUBLIC (other than federal or state) O = OTHER (specify)										P (specify)										A 201 438 7100																			

E. STREET OR P.O. BOX																													
242 Union Ave																													

F. CITY OR TOWN																				G. STATE					H. ZIP CODE					IX. INDIAN LAND									
Woodridge																				NJ					07075					Is the facility located on Indian lands? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO									

X. EXISTING ENVIRONMENTAL PERMITS

A. NPDES (Discharges to Surface Water)															D. PSD (Air Emissions from Proposed Sources)														
9 N															9 P														

B. UIC (Underground Injection of Fluids)															E. OTHER (specify)														
9 U															(specify)														

C. RCRA (Hazardous Wastes)															E. OTHER (specify)														
9 R															(specify)														

XI. MAP

Attach to this application a topographic map of the area extending to at least one mile beyond property boundaries. The map must show the outline of the facility, the location of each of its existing and proposed intake and discharge structures, each of its hazardous waste treatment, storage, or disposal facilities, and each well where it injects fluids underground. Include all springs, rivers and other surface water bodies in the map area. See instructions for precise requirements.

F9: A/50

XII. NATURE OF BUSINESS (provide a brief description)

Manufacturing Base Lacquers and Industrial finishes for the coating industry

F9: A/51

XIII. CERTIFICATION (see instructions)

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this application and all attachments and that, based on my inquiry of those persons immediately responsible for obtaining the information contained in the application, I believe that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME & OFFICIAL TITLE (type or print)																				B. SIGNATURE																				C. DATE SIGNED									
Robert Rosomando Vice President																																								11/6/80									

COMMENTS FOR OFFICIAL USE ONLY

CONTINUE ON REVERSE

III. PROCESSES (continued)

C. SPACE FOR ADDITIONAL PROCESS CODES OR FOR DESCRIBING OTHER PROCESSES (code "T04"). FOR EACH PROCESS ENTERED HERE INCLUDE DESIGN CAPACITY.

IV. DESCRIPTION OF HAZARDOUS WASTES

A. EPA HAZARDOUS WASTE NUMBER — Enter the four-digit number from 40 CFR, Subpart D for each listed hazardous waste you will handle. If you handle hazardous wastes which are not listed in 40 CFR, Subpart D, enter the four-digit number(s) from 40 CFR, Subpart C that describes the characteristics and/or the toxic contaminants of those hazardous wastes.

B. ESTIMATED ANNUAL QUANTITY — For each listed waste entered in column A estimate the quantity of that waste that will be handled on an annual basis. For each characteristic or toxic contaminant entered in column A estimate the total annual quantity of all the non-listed waste(s) that will be handled which possess that characteristic or contaminant.

C. UNIT OF MEASURE — For each quantity entered in column B enter the unit of measure code. Units of measure which must be used and the appropriate codes are:

ENGLISH UNIT OF MEASURE	CODE
POUNDS	P
TONS	T

METRIC UNIT OF MEASURE	CODE
KILOGRAMS	K
METRIC TONS	M

If facility records use any other unit of measure for quantity, the units of measure must be converted into one of the required units of measure taking into account the appropriate density or specific gravity of the waste.

D. PROCESSES**1. PROCESS CODES:**

For listed hazardous waste: For each listed hazardous waste entered in column A select the code(s) from the list of process codes contained in Item III to indicate how the waste will be stored, treated, and/or disposed of at the facility.

For non-listed hazardous wastes: For each characteristic or toxic contaminant entered in column A, select the code(s) from the list of process codes contained in Item III to indicate all the processes that will be used to store, treat, and/or dispose of all the non-listed hazardous wastes that possess that characteristic or toxic contaminant.

Note: Four spaces are provided for entering process codes. If more are needed: (1) Enter the first three as described above; (2) Enter "000" in the extreme right box of Item IV-D(1); and (3) Enter in the space provided on page 4, the line number and the additional code(s).

2. PROCESS DESCRIPTION: If a code is not listed for a process that will be used, describe the process in the space provided on the form.

NOTE: HAZARDOUS WASTES DESCRIBED BY MORE THAN ONE EPA HAZARDOUS WASTE NUMBER — Hazardous wastes that can be described by more than one EPA Hazardous Waste Number shall be described on the form as follows:

1. Select one of the EPA Hazardous Waste Numbers and enter it in column A. On the same line complete columns B, C, and D by estimating the total annual quantity of the waste and describing all the processes to be used to treat, store, and/or dispose of the waste.
2. In column A of the next line enter the other EPA Hazardous Waste Number that can be used to describe the waste. In column D(2) on that line enter "included with above" and make no other entries on that line.
3. Repeat step 2 for each other EPA Hazardous Waste Number that can be used to describe the hazardous waste.

EXAMPLE FOR COMPLETING ITEM IV (shown in line numbers X-1, X-2, X-3, and X-4 below) — A facility will treat and dispose of an estimated 900 pounds per year of chrome shavings from leather tanning and finishing operation. In addition, the facility will treat and dispose of three non-listed wastes. Two wastes are corrosive only and there will be an estimated 200 pounds per year of each waste. The other waste is corrosive and ignitable and there will be an estimated 100 pounds per year of that waste. Treatment will be in an incinerator and disposal will be in a landfill.

LINE NO.	A. EPA HAZARDOUS WASTE NO. (enter code)	B. ESTIMATED ANNUAL QUANTITY OF WASTE	C. UNIT OF MEAS- URE (enter code)	D. PROCESSES	
				1. PROCESS CODES (enter)	2. PROCESS DESCRIPTION (if a code is not entered in D(1))
X-1	K 0 5 4	900	P	T 0 3 D 8 0	
X-2	D 0 0 2	400	P	T 0 3 D 8 0	
X-3	D 0 0 1	100	P	T 0 3 D 8 0	
X-4	D 0 0 2				included with above

FOR OFFICIAL USE ONLY

S											T/A	C	
W	N	J	D	O	O	1	3	9	4	3	0	3	
1	2					-					13	14	15

S											T/A	C		
W	DUP										3	2	DUP	
1	2									13	14	18	22	

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)

EPA Form 3510-3 (6-80)

CONTINUE ON REVERSE

IV. DESCRIPTION OF HAZARDOUS WASTES (continued)**E. USE THIS SPACE TO LIST ADDITIONAL PROCESS CODES FROM ITEM D(1) ON PAGE 3.**F6: $\frac{A}{55}$ F6: $\frac{A}{56}$

EPA I.D. NO. (enter from page 1)

S	F	N	J	D	0	0	1	3	9	4	3	0	3	T/A/C	3	6
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17

V. FACILITY DRAWING

All existing facilities must include in the space provided on page 5 a scale drawing of the facility (see instructions for more detail).

VI. PHOTOGRAPHS

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment and disposal areas; and sites of future storage, treatment or disposal areas (see instructions for more detail).

VII. FACILITY GEOGRAPHIC LOCATION

LATITUDE (degrees, minutes, & seconds)

40 50 59.8

LONGITUDE (degrees, minutes, & seconds)

074 05452

VIII. FACILITY OWNER☒ A. If the facility owner is also the facility operator as listed in Section VIII on Form 1, "General Information", place an "X" in the box to the left and skip to Section IX below.

B. If the facility owner is not the facility operator as listed in Section VIII on Form 1, complete the following items:

1. NAME OF FACILITY'S LEGAL OWNER

2. PHONE NO. (area code & no.)

3. STREET OR P.O. BOX

4. CITY OR TOWN

5. ST.

6. ZIP CODE

IX. OWNER CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

Robert Rossomando

B. SIGNATURE

Robert Rossomando

C. DATE SIGNED

11/6/80

X. OPERATOR CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

A. NAME (print or type)

B. SIGNATURE

C. DATE SIGNED

5	W	N	J	D	0	0	1	3	9	4	3	0	3	T/A	C
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F003 23 - 26	2 F005 23 - 26	3 23 - 26	4 23 - 26	5 23 - 26	6 23 - 26
7 23 - 26	8 23 - 26	9 23 - 26	10 23 - 26	11 23 - 26	12 23 - 26

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K078 23 - 26	14 23 - 26	15 23 - 26	16 23 - 26	17 23 - 26	18 23 - 26
19 23 - 26	20 23 - 26	21 23 - 26	22 23 - 26	23 23 - 26	24 23 - 26
25 23 - 26	26 23 - 26	27 23 - 26	28 23 - 26	29 23 - 26	30 23 - 26

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 4002 23 - 26	32 4031 23 - 26	33 4107 23 - 26	34 4112 23 - 26	35 4140 23 - 26	36 4154 23 - 26
37 4159 23 - 26	38 4161 23 - 26	39 4220 23 - 26	40 4239 23 - 26	41 23 - 26	42 23 - 26
43 23 - 26	44 23 - 26	45 23 - 26	46 23 - 26	47 23 - 26	48 23 - 26

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49 23 - 26	50 23 - 26	51 23 - 26	52 23 - 26	53 23 - 26	54 23 - 26
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)☒ 2. CORROSIVE
(D002)☐ 3. REACTIVE
(D003)☒ 4. TOXIC
(D000)

X. CERTIFICATION

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SIGNATURE

Stephen Halgans

NAME & OFFICIAL TITLE (type or print)

Vice Pres

DATE SIGNED

8/15/80

W	N	J	D	O	O	1	3	9	4	3	0	3	2	1
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 3	2 F 0 0 5	3	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13 K 0 7 8	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31 U 0 0 2	32 U 0 3 1	33 U 1 0 7	34 U 1 1 2	35 U 1 4 0	36 U 1 5 4
37 U 1 5 9	38 U 1 6 1	39 U 2 2 0	40 U 2 3 9	41 U 0 6 9	
42	43	44	45	46	47

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

48	49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☐ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D000)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED



 Robert Rossomando
Vice President

8/11/80





**ACKNOWLEDGEMENT OF NOTIFICATION
OF HAZARDOUS WASTE ACTIVITY
(VERIFICATION)**

This is to acknowledge that you have filed a Notification of Hazardous Waste Activity for the installation located at the address shown in the box below to comply with Section 3010 of the Resource Conservation and Recovery Act (RCRA). Your EPA Identification Number for that installation appears in the box below. The EPA Identification Number must be included on all shipping manifests for transporting hazardous wastes; on all Annual Reports that generators of hazardous waste, and owners and operators of hazardous waste treatment, storage and disposal facilities must file with EPA; on all applications for a Federal Hazardous Waste Permit; and other hazardous waste management reports and documents required under Subtitle C of RCRA.

EPA I.D. NUMBER

•NJD001394303

INSTALLATION ADDRESS

CELLOFILM CORP
241 UNION AVE
WOODBRIDGE

NJ 07075

241 UNION AVE.
WOODBRIDGE

NJ 07075